

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2354-380				
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____		In re Application of Pera et al.  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">           Application Number 10/574,885            For CELL SURFACE MARKER         </td> <td style="width: 30%; padding: 5px;">           Filed 10/08/2004         </td> </tr> <tr> <td style="padding: 5px;">           Group Art Unit 1644         </td> <td style="padding: 5px;">           Examiner Michail A. Belyavskyi         </td> </tr> </table>	Application Number 10/574,885 For CELL SURFACE MARKER	Filed 10/08/2004	Group Art Unit 1644	Examiner Michail A. Belyavskyi
Application Number 10/574,885 For CELL SURFACE MARKER	Filed 10/08/2004					
Group Art Unit 1644	Examiner Michail A. Belyavskyi					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)  <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)         </div> <div style="width: 15%; text-align: right;">           \$ <u>65</u>            \$ _____            \$ _____            \$ _____            \$ _____         </div> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;">           _____            /Tate L. Tischner/            Signature         </div> <div style="width: 45%; text-align: center;">           _____            February 4, 2009            Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%; text-align: center;">           _____            Tate L. Tischner            Typed or printed name         </div> <div style="width: 45%; text-align: center;">           _____            (585) 263-1363            Telephone Number         </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>						
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.						

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